2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01331

1. Entity Name

PACE CENTER FOR GIRLS, INC.

FILED
Apr 05, 2000 8:00 am
Secretary of State
04-05-2000 90107 032 ****70.00

Principal Place of Business	Mailing Address
112 W. ADAMS ST. SUITE 500 JACKSONVILLE FL 32202 US	112 W. ADAMS ST. SUITE 500 JACKSONVILLE FL 32202-3826 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2414492 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HESKISS, JANICE L
112 W. ADAMS ST, SUITE 500
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE Janice L Heskiss, CFO 3.17.00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRC BAKER, RON 112 W. ADAMS ST, SUITE 500 JACKSONVILLE FL 32202	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRC Cunningham, Kay 16204 N. Florida Avenue Lutz, FL 33549	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRV CUNNINGHAM, KAY 16204 N. FLORIDA AVE LUTZ FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRV Carlan, Carol 5041 Bayou Blvd. Pensacola Fl 32503	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRT MILLER, ROBERT 517 2ND ST W. BRADENTON FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP RAVOIRA, LAWANDA 112 W. ADAMS ST, SUITE 500 JACKSONVILLE FL 32202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRS BOBES, STEVEN 140 W. FLAGLER ST, #904 MIAMI FL 33130	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRS Barton Pat 605 Palm Circle East Naples Fl 33308	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: LaWanda Ravoira LaWanda Ravoira 904/358-0555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #